

08/19/2032

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#2958 P.001/005

# P13000035895

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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*Amnd*

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Division of Corporations  
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OCT 9 2014

From:

R. WHITE

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SPAIN'S SENSATIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

## 2ND REQUEST

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 OCT -8 AM 6:52

FILED

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H14000235531

14 OCT -8 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAArticles of Amendment  
to  
Articles of Incorporation  
of

SPAIN'S SENSATIONS, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000035835

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)1300 SW 84 AVE  
DORAL, FL 33126C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)1300 NW 84 AVE  
DORAL, FL 33126

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent  
JOSE L ACEDO  
50 BISCAYNE BLVD. #2911  
(Florida street address)

New Registered Office Address: MIAMI, Florida 33132  
(City) (Zip Code)

New Registered Agent's Signature (if changing Registered Agent):

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change      PT      John Doe  
☒ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	S	ENRIQUE ORTIZ-RICCI	8542 NW 111st CT
<input type="checkbox"/> Add			DORAL, FL 33178
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
(if not applicable, indicate N/A)

[illegible]

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date (if applicable): 09/16/2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/16/2014

Signature \_\_\_\_\_

(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOSE L ACEDO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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